## PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number

Effective October 1, 2003

TKMZ200008

1FM Z 200000												<u>a</u>	
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL E	NTITY	OR		R THAN . ENTITY	
TO	OTAL CLAIMS	;		22				RATE	FEE	7	RATE	FEE	
FC	DR ·		NUMBER			BER EXTRA	В	ASIC FEE	+	OR	BASIC FEE	<del>                                     </del>	
TOTAL CHARGEABLE CLAIMS			22 mir	12 minus 20= - 2				XS 9=	12	OR	XS18=	·	
$\vdash$	DEPENDENT C		1 (	<b>y</b> minus 3 =   * /				X43=	43	OR	X86=		
ML	JLTIPLE DEPE	NDENT CLAIM PI	RESENT	RESENT				+145=		OR	-290=	·	
· * If	the difference	e in column 1 is	less than ze	ess than zero, enter "0" in column 2			<b>L</b> 7	TOTAL	446	OR	TOTAL		
	C	CLAIMS AS A	MENDED				c	OTHER THAN SMALL ENTITY OR SMALL ENTITY					
_	1	(Column 1)		(Columi		(Column 3)	ت ـــ ا	MALL I	,	OR	SMALL	ENIII	
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBE PREVIOL PAID FO	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
AMENDMENT	Total	*	Minus	źt		=		XS 9=		OR	XS18=		
AME	Independent	*	Minus	***	~	= .	;	X43≐		OR	X86=		
لــا	FIRST PRESENTATION OF MULTIPLE DEPENDEN			,ENDEN I	CLAIM		-	+145=		OR	+290=		
								TOTAL DIT. FEE		OR	TOTAL ADDIT. FEE		
		(Column 1)		(Columr	n 2)	(Column 3)	AUL	JII. PELL		•	ADDII. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHES NUMBE PREVIOU PAID FO	ST ER USLY	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	*	Minus	**	<u> </u>	=	×	K\$ 9=		OR	X\$18=		
AME	Independent	TATION OF MI	Minus	***		=	}	X43=		OR	X86=		
Ш	FIRST PRESE	ENTATION OF MU	LIPLE DEF	ENDENT	LAIM			145=		OR	+290=		
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		(Column 1)		(Column	n 2)	(Column 3)		// / FEE =		, ,	NUUII. FEEE		
	<b>\</b>	CLAIMS		HIGHES	ST			<del></del>	ADDI	r	<del></del>	1001	
AMENDMENT C		REMAINING AFTER AMENDMENT		NUMBE PREVIOU PAID FO	JSLY	PRESENT EXTRA	R		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NON.	Total	*	Minus	** '		= .	×	\$ 9=		OR	X\$18=		
\ME	Independent	<u> </u>	Minus	***		=	T <sub>x</sub>	(43=			X86=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+		OR	<del></del>		
• 11	the entry in colur		145=	· · ·	OR	+290=							
⊶ If	f the "Highest Nun	mn 1 is less than the mber Previously Pair imber Previously Pair	id For" IN THIS	S SPACE is le	ess than	n 20. enter *20 *		TOTAL IT. FEE		OR A	TOTAL ADDIT. FEE		
T	he "Highest Num	nber Previously Paid	i For "(Total or	Independent	्डेंडड साबा t) is the	13, enter 3. highest number	r found in	n the appr	ronriate box	in colu	ımn 1		